

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO.

SHOULD READ

BY AFFIDAVIT OF

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 43

FILED JAN 29 1962

1. PLACE OF DEATH  
a. COUNTY Cole  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City Length of stay in 1b  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Community Hosp. Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Cole  
c. CITY OR TOWN Jefferson City Inside Limits Yes ☒ No ☐  
d. STREET ADDRESS (If outside, give location) 318 Hickory Street Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED First Middle Last  
(Type or print) EMIL HENRY BUDDEMEYER

4. DATE OF DEATH Month Day Year  
January 23, 1962

5. SEX Male  
6. COLOR OR RACE White  
7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 12-30-1882  
9. AGE (last birthday) 79  
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired  
10b. KIND OF BUSINESS OR INDUSTRY  
11. BIRTHPLACE (City and state or country) Washington, Mo.  
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Herman Buddemeyer  
13b. MOTHER'S MAIDEN NAME Dora Brune  
14. NAME OF HUSBAND OR WIFE Carrie Stone Buddemeyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
No No

17. INFORMANT Mrs. Carrie Buddemeyer, 318 Hickory, J.C. MO.  
Address

18. CAUSE OF DEATH (Enter only one cause per line for terminal disease)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) *Acute myocardial infarction*  
DUE TO (b) *Coronary Artery Thrombosis*  
DUE TO (c) *Arteriosclerotic Coroner's*  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
*Cardiac failure*

PART III. If deceased was female, was there a pregnancy in the 90 days preceding death?  
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year  
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from *Jan 13 '62* to *January 23 '62* and last saw him alive on *1-23-62*  
Death occurred at *2:15* p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) *John W. McManey M.D.*  
22b. ADDRESS *606 E. High St. Jefferson City, Mo. 64502*  
22c. DATE SIGNED *1/24/62*

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial  
23b. DATE Jan. 26, 1962  
23c. NAME OF CEMETERY OR CREMATORY Church Cemetery  
23d. LOCATION (City, town, or county) Washington, Mo. (State)

24. FUNERAL DIRECTOR *Victor Breasche JCM*  
25. DATE RECD. BY LOCAL REG. *25 January 1962*  
26. REGISTRAR'S SIGNATURE *R.D. Davis*

Licensed Embalmer's Statement on Reverse Side

VS FEB 2 1982

JAN 30 1962

VS FEB 5 1982

1982  
100

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 3701

P. O. Address Jc mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.